2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 06, 2008 8:00 am Secretary of State DOCUMENT # L03000056003 1. Entity Name 02-06-2008 90119 021 ***143.75 MIKE MONAGHAN CARPET SERVICE, L.L.C. Principal Place of Business Mailing Address 8108 SW 11TH ST NORTH LAUDERDALE FL 33068 8108 SW 11TH ST NORTH LAUDERDALE FL 33068 2. Principal Place of Business - No P.O. Box: / ס 01 Suite, Apt, #, etc 1st MOORE CR2E083 (10/07) Applied For 41-2120520 Not Applicable BLOWALD \$5.00 Additional 5. Certificate of Status Desired 3064 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONAGHAN, MIKE 8108 SW 11TH ST NORTH LAUDERDALE FL 33068 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Delete TITLE TiTiLE Change Addition NAME MONAGHAN, MIKE NAME LONAGHAN. STREET ADDRESS 8108 SW 11TH ST STREET ADDRESS NORTH LAUDERDALE FL 33068 CITY-ST-ZIP CITY-ST-7:P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TOTE ☐ Delete FILLE ☐ Change Addition NAME RAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET AUDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AUTHORIZED REPRESENTATIVE

FILED